



Applicant Information Page

Date Received by County Board of Education: _____

Date Received by Institution of Higher Education: _____

Part 1 -Applicant Information

Social Security Number _____ Birth Date (MM-DD-YYYY) _____ Gender (M or F) _____ US Citizen (Y or N) _____ US Veteran or Spouse of Veteran (Y or N) _____

Last Name _____ First Name _____ MI _____ Previous Last Name (Maiden) _____
(If your name has changed since your last application, **proof of name change must be attached** e.g. photocopy of marriage certificate, etc.)

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____ E-Mail _____

List the institutions from which a degree has been earned

College/University	Degree	Date

Are you currently employed by a West Virginia School System?

Yes No

If YES, please indicate the school system:

Do you currently hold a License to work in the public schools of West Virginia?

Yes No

Do you currently hold a License to work in the public schools of another state?

Yes No

Part 3—Applicant Signature

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold.

Signature of Applicant _____

Date _____

A non-refundable fee is required for each application. Please pay online at <https://wveis.k12.wv.us/certpayment/>. Applications attached:

Supporting documentation attached:
(non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form # _____ Form # _____ Form # _____

Form # _____ Form # _____ Form # _____

Part 4—Fingerprinting Information

One may access fingerprinting instructions at <http://wvde.state.wv.us/certification/forms/fingerprints>

☐ I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.

☐ I have never held WV Certification and will submit my fingerprints to L1 Solutions. All first-time applicants must have fingerprints processed by L-1 Solutions (L1enrollment.com). A fingerprint service code will be sent to your e-mail once the application is received.

Part 5 - Superintendent Recommendation (Required if employed in a WV School System)

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. When necessary, I have included documentation verifying this information. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and is physically, mentally, and emotionally qualified to perform the duties of a teacher. I recommend that s/he be granted certification.

Signature of Superintendent _____

County _____

Date _____

Part 2-Disclosure of Background Information

If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.

YES

NO

Documentation Attached

1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender or cancellation.

2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?

3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?

4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?

5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *

6) Have you ever been arrested, charged with or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported. *

* For a YES response to items 5 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; **OR** 2) Final Order; **OR** 3) Magistrate Court Documentation; **AND** 4) all other relevant court documentation.



Form 12—Advanced Degree and/or Salary, or NBPTS Salary Supplement		
Social Security Number: _____ Last Name: _____ First Name: _____ MI: _____		

Coursework to be Considered for Advanced Salary Classification

List all courses below that are being claimed for the advanced salary level.

Official seal-bearing transcripts are required for all hours being claimed for salary.

If you include undergraduate level hours, please note that those hours are limited to a maximum of fifteen (15) semester hours completed after the issuance of an initial WV professional teaching, student support, or administrative certificate. All other hours claimed for salary must be appropriate graduate level hours. Please use an additional Form 12 page, if needed.

☐ **Associate Degree**

Bachelor Degree

***BA+15**

☐ **MA Degree**

☐ ***MA+15** (Minimum 45 total hours)

☐ ***MA+30** (Minimum 60 total hours)

***MA+45** (Minimum 75 total hours)

☐ **Doctorate Degree**

☐ **National Board for Professional Teaching Standards (*NBPTS board certification ONLY*)—Salary Supplement**—attach verification of NBPTS certification and endorsement area --County employment required.

The hours /degree must be related to the public school program and/or to endorsement areas available for a WV Certificate.

Transcripts submitted to the WVDE prior to January 1, 2003, must be resubmitted to be considered for advanced salary applications.

****Advanced salary levels are available to those holding a WV Professional Certificate.***

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold.

Signature of Applicant

Date _____

Graduate/ Undergrad*		Institution	Dept. & Course #	Name of Course	Hours	Year Comp.
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
				LIST TOTAL NUMBER OF HOURS CLAIMED FOR SALARY:		